



Office of the State Fire Marshal  
Div. of Personnel Standards and Education  
1035 Stevenson Dr.  
Springfield, Ill 62703-4259

**FIRE APPARATUS ENGINEER**  
**VALIDATION/ATTESTATION KEY**

*must be returned with the APPLICATION FOR CERTIFICATION*

NAME: \_\_\_\_\_ F.D.: \_\_\_\_\_  
S.S.# \_\_\_\_\_ DATE: \_\_\_\_\_

**NFPA 1002 OBJECTIVES (date of completion):**

- ☐ 11-12-1 (1-3.1)
- ☐ 11-12-2 (1-3.2)
- ☐ 11-12-3 (1-3.3)
- ☐ 11-12-4 (2-2)
- ☐ 11-12-5 (2-3.1)
- ☐ 11-12-6 (2-3)
- ☐ 11-12-3 (2-3.7)
- ☐ 11-12-3 (2-3.6)
- ☐ 11-12-3 (3-1.4)
- ☐ 11-12-7 (3-2.1)
- ☐ 11-12-8 (3-2.4)
- ☐ 11-12-10 (3-2.4)
- ☐ 11-12-9 (3-2.1)
- ☐ 11-12-11 (3-2.2)
- ☐ 11-12-12 (3-2.3)
- ☐ 11-12-13 (3-2.4)
- ☐ 11-12-14 (3-1.1)

**OR** **APPENDIX A:**

- ☐ (a)
- ☐ (b)
- ☐ (c)
- ☐ (d)
- ☐ (e)
- ☐ (f)
- ☐ (g)
- ☐ (h)
- ☐ (i)

**OR** CURRENT LICENSE  
OF APPROPRIATE  
CLASS WHICH WAS  
ISSUED MEETING  
THE CRITERIA OF  
ONE OF THE  
PRECEDING TWO  
COLUMNS:

☐ \_\_\_\_\_

**OPTIONAL:**

**AERIAL LADDER SKILLS:**

- ☐ 11-14-1 (4-1.1)
- ☐ 11-14-2 (4-1.2)
- ☐ 11-14-3 (4-1.3)
- ☐ 11-14-4 (4-2.1)
- ☐ 11-14-5 (4-2.2)
- ☐ 11-14-6 (4-2.3)
- ☐ 11-14-7 (4-2.4)
- ☐ 11-14-8 (4-2.5)

**TILLER SKILLS:**

- ☐ 11-15-1 (5-1)
- ☐ 11-15-2 (5-2.2)
- ☐ 11-15-3 (5-2.2)
- ☐ 11-15-4 (5-2.3)

\_\_\_\_\_  
(Fire Chief's Signature)

\_\_\_\_\_  
(Fire Chief's Name Printed)

\_\_\_\_\_  
(Fire Chief's Social Security Number)